

TOPSHEET STAPLE AREA (for additional sheet references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	103	026605	04/11
O.I.P.E. CLASSIFIER		8	4-2-98
FORMALITY REVIEW	MTM	71628	4-28-98

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	
2	
3	
4	
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6	
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9	
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11	
12	
13	0 = ✓
14	0 = ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	0 ✓
20	✓ ✓
21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
25	✓ ✓
26	✓ ✓
27	✓ ✓
28	✓ ✓
29	0 ✓
30	0 ✓
31	✓ ✓
32	✓ ✓
33	0 = ✓
34	0 = ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ ✓
42	0. ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	✓ ✓
49	✓ ✓
50	✓ ✓

Claim	Date
51	
52	0 ✓
53	0 ✓
54	✓ ✓
55	✓ ✓
56	0 = ✓
57	0 = ✓
58	✓ ✓
59	✓ ✓
60	✓ ✓
61	✓ ✓
62	✓ ✓
63	✓ ✓
64	✓ ✓
65	✓ ✓
66	0 ✓
67	✓ ✓
68	✓ ✓
69	✓ ✓
70	✓ ✓
71	✓ ✓
72	✓ ✓
73	✓ ✓
74	✓ ✓
75	✓ ✓
76	✓ ✓
77	✓ ✓
78	✓ ✓
79	✓ ✓
80	✓ = ✓
81	✓ = ✓
82	✓ ✓
83	✓ ✓
84	✓ ✓
85	✓ ✓
86	✓ ✓
87	✓ ✓
88	✓ ✓
89	✓ ✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓ ✓ = ✓ ✓
99	✓ ✓ = ✓ ✓
100	✓ ✓ = ✓ ✓

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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